



APPLICATION FOR ADVANCED LIFE SUPPORT TESTING

NORTH DAKOTA DEPARTMENT OF HEALTH
DIVISION OF EMERGENCY MEDICAL SERVICES
SFN 58199 (2/06)



PLEASE PRINT

Name		Course Number
Address		
City, State, Zip Code		
Social Security Number	Home Telephone Number	

PLEASE PLACE AN "X" IN ALL APPROPRIATE BOXES ON THE FORM

☐ INTERMEDIATE ☐ PARAMEDIC

☐ WRITTEN Please send the National Registry Written Application and test fees of \$45 for intermediates and \$50 for Paramedics in a money order payable to the NREMT directly to the National Registry of Emergency Medical Technicians at least 4 weeks in advance. **DO NOT SEND THE OFFICIAL NATIONAL REGISTRY APPLICATION TO THE DEPARTMENT OF HEALTH.** The National Registry written test form and fees will be returned to you causing a delay in processing.

☐ FULL PRACTICAL: Anytime all skills are needed for either certification level.

☐ RETEST PRACTICAL: Anytime Intermediates need 2 or less skills and Paramedics need 5 or less skills.

For retest practical please indicate stations needed:

<input type="checkbox"/> Trauma Pt Assessment	<input type="checkbox"/> Endotracheal Intubation	<input type="checkbox"/> IV Therapy	<input type="checkbox"/> Random_____
<input type="checkbox"/> Oral A	<input type="checkbox"/> Oral B	<input type="checkbox"/> Peds I/O	<input type="checkbox"/> Peds Airway
<input type="checkbox"/> Multilumen Airway Device	<input type="checkbox"/> IV Medications	<input type="checkbox"/> Static	<input type="checkbox"/> Dynamic

Test Date Requested_____

INDICATE ITEMS THAT ARE ENCLOSED

- ☐ * Full Practical Fee of \$125.00 check or Money Order Payable to **ND EMS ASSOCIATION**
THIS IS NON-REFUNDABLE (ND Programs) Reduced fee is made possible through an EMS grant program with the ND Department of Health Division of Emergency Medical Services. To qualify for this rate you must be in the initial test phase and graduate from a North Dakota program.
- ☐ Full Practical Fee of \$200.00 check or Money Order Payable to **ND EMS ASSOCIATION**
THIS IS NON-REFUNDABLE (Out of State Programs or Retest of Complete Practical)
- ☐ Retest Practical Fee of \$20.00 per station check or Money Order Payable to **ND EMS ASSOCIATION**
THIS IS NON-REFUNDABLE

PLEASE RETURN THIS FORM AND PRACTICAL TEST FEES TO THE ADDRESS BELOW.
Application and Fees MUST be received by DEMS prior to the deadline date and time.

North Dakota Department of Health
Division of Emergency Medical Services
600 E Boulevard Ave – Dept 301
Bismarck ND 58505-0200

Privacy Act Notification

Your social security number is requested to permit the North Dakota Department of Health to verify national registration and to properly conduct a background investigation pursuant to N.D.A.C. section 33-36-01-05 before issuing a certification. Disclosure of your social security number is voluntary. However, not providing this information may result in delay of issuance of a certification due to misidentification or criminal records check requirements of state, local or federal agencies, or identification requirements of the National Registry of Emergency Medical Technicians.